

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000041612

FILED
Jul 29, 2005
Secretary of State

Entity Name: PARRISH PUMPING AND DRAIN CLEANING, INC.

Current Principal Place of Business:

511 CYPRESS CROSSING
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

511 CYPRESS CROSSING
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 90-0149572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASO, BART F
511 CYPRESS CROSSING
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOPER, BRIAN G
Address: 2418 SW 22ND CIRCLE EAST
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD () Delete
Name: COOPER, JENNIFER I
Address: 2418 SW 22NDC CIRCLE EAST
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD () Delete
Name: CASO, BART F
Address: 511 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: CASO, AMALIA E
Address: 511 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: BAROFSKY, JESS
Address: 16871 TANGARINE BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: AVP () Change (X) Addition
Name: BAROFSKY, LUZ E
Address: 16871 TANGARINE BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART F CASO

T

07/29/2005

Electronic Signature of Signing Officer or Director

Date